Northern Virginia Regional Strategic Planning Project
Older Adults Work Group
Organizational Meeting – Draft Notes
January 13, 2005

Attending

Barbara DeAngelis, Alzheimer's Association, National Capital Area Chapter
Elaine Eckert, Program for Older Adults and their Families, Mount Vernon Center for Community Mental Health
Melynda Griggs, Adult Protective Services, Fairfax County Department of Family Services
Karen Hannigan, The Prince William Area Agency on Aging
Karen Jensen, family member (McLean)
Henriette Kellum, Aging and Disability Services Division, Senior Adult Mental Health Program, Arlington DHS
Nora Locke, Springfield Mental Health Site, Fairfax County-Falls Church CSB
Fran McWhorter, Northern Virginia Aging Network
Jennifer Robinson, Lewinsville Adult Day Health Center
Shauna Severo, Fairfax County Health Department
Richard Spector, Special Populations Program, Office of Mental Health Services, Fairfax-Falls Church CSB

Chair, Anne Hermann, family member and community volunteer (Arlington)
703/524-3684, rherm65128@aol.com

Focus of the meeting

The primary goal of this meeting is to prioritize the list of "burning issues" identified by group members at the first meeting as problems in the delivery of mental health services to Northern Virginians over age 60. This process will move the Work Group toward the goal of formulating recommendations to send to the Regional Steering Committee and Governor Warner.

Guest Speaker

Ian Kremer, Chairman of The Alzheimer's Disease and Related Disorders Commission, gave an informative presentation. Mr. Kremer spoke primarily about the Commission's recommendations to Secretary Woods (Jane Woods, Secretary of Health and Human Resources) addressing the mental health needs of Older Virginians, including individuals with dementia who need psychiatric services,
[The Commission's report is available at:
http://www.aging.state.va.us/AlzPossible_Report_04_October.pdf.]

Establishing the Group's Priorities

At the last meeting, and also by e-mail, participants identified several critical concerns they see as stumbling blocks in providing mental health services to geriatric patients in Northern Virginia. Elaine Eckert facilitated the group's identification of priorities for further examining the issues. The result is set forth below. The ideas will be fleshed out at subsequent meetings. (**Next Meeting**: Thursday, February 10, 2005.)

Older Adults Work Group
Step 2. Identified Issues Prioritized (I–IV) For Further Discussion
Prior To Making Recommendations (1/13/05)

I. Psychiatric Hospital Issues

A. Insufficient geriatric hospital beds – public and private

- State hospital for 65 and over clients too far away (Williamsburg)
- Insufficient hospital beds in private hospitals locally
- Insufficient hospital geriatric beds (currently only at Loudoun Memorial Hospital)

B. Discharge planning issues for hospital discharge staff (lack of community resources for timely discharges, length of time needed to get a Level II nursing home screening done, lack of coordination/trust with nursing homes and ALF to facilitate placements)

II. The Critical Need To Develop Evidence-Based Models of Geriatric Mental Health Care

A. Independent Study - do an independent study to further clarify the needs & issues in mental health care to the elderly in Virginia as they relate to Northern Virginia (See Restructuring Report, Geriatric Supplement)

B. Best Practices - do a study of Best Practices

C. Pilot Program - develop through funding a pilot program to illustrate benefits of greater coordination between hospital, community and facilities

III. Money issues

A. Outpatient specialized mental health services are insufficiently funded to meet the needs of the population.

B. Ratios of CNAs to clients is too high resulting in little time for emotional care of client, and high burnout and turnover for staff

C. Inability to hold beds between facilities/hospital due to funding streams contributes to poor coordination

D. Reimbursement of Mental Health specialists in various facilities may be limited or very low therefore reducing availability of these important services. Practitioners are not drawn to provide services in nursing homes due to low reimbursement rates.

IV. Age Discrimination Issues

A. Re-write the priority population criteria to be more inclusive of older adults (See Restructuring Report, Geriatric Supplement)

B. Investigation needed on whether or not State hospital treatment for those over 65 is the same as for those under 65 (See JLARC Interim Report, 2003, p. 41.

C. Lack of including aging issues in overall planning and treatment for the mentally ill, including co-existing mental health and substance abuse treatment, psychosocial day programming, and housing.

D. Ageism exists that normalizes distress in elderly rather than treating and providing comfort.

E. Poor mental health diagnosis of elderly (need for more training)

Other Issues Identified, But Not Included As A Priority At This Time

.

V. Service Coordination Issues

A. Service coordination between hospitals, nursing homes, ALF's, community mental health professionals is difficult and not as seamless at it should be. There is insufficient trust between parties. There are several reasons why this is so, and include many of the items listed already such as: Insufficient funding for resources, insufficient training of staff, cost of holding beds, cost of delaying hospital discharge, insufficient mental health trained staff at facilities, etc.

B. Insufficient information about best practices to be addressed by doing a study of best practices

C. Explore Regional provision of services such as Psychosocial Adult Day Care and In-patient treatment

VI. Priority Population Criteria

State Priority Population Criteria for services to the Mentally Ill exclude clients with a Dementia Diagnosis, and are otherwise not written with an older population in mind. This results in fewer older persons being defined within the priority population to receive State mental health services.

VII. Insufficient trained mental health staff in facilities (NH and ALF)

A. Insufficient hours of on-site direct psychiatric patient care and consultation in nursing homes by trained psychiatrists and other mental health professionals (Increased hours could improve prevention of mental health crises).

B. Insufficient ongoing and frequent mental health training and consultation of regular staff in facilities

C. Insufficient geriatric specialists in the mental health field

D. Insufficient information about best practices to be addressed by doing a study of best practices

VIII. Additional Training Issues

A. Insufficient professionals who are trained in geriatric mental health care

B. Insufficient training on an ongoing basis of staff in nursing homes and assisted living facilities

C. Insufficient training of caregivers on mental health issues (as opposed to Dementia issues).

D. Insufficient information about best practices to be addressed by doing a study of best practices